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APPLICANTS

Sigmund Kulessa, Newton, MA;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Met after Allowance			
Verified and	/LAURA A BOUCHELLE/ Examiner's Signature	MA	9	57	4
Acknowledged		Initials			

ADDRESS

PHILIP S. JOHNSON
 JOHNSON & JOHNSON
 ONE JOHNSON & JOHNSON PLAZA
 NEW BRUNSWICK, NJ 08933-7003
 UNITED STATES

TITLE

Two-compartment reduced volume infusion pump

FILING FEE RECEIVED 1500	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit